

Hawai‘i Civil Rights Commission
Komokina Pono Kīwila O Hawai‘i
Real Property Transactions
Pre-Complaint Questionnaire Information

The submission of a Pre-Complaint Questionnaire is the first step in filing a discrimination complaint with the Hawai‘i Civil Rights Commission (HCRC). Upon review of your Pre-Complaint Questionnaire an investigator from the HCRC will contact you for an intake interview and, where appropriate, provide assistance in filing a formal complaint.

The information you provide in the Pre-Complaint Questionnaire will be used to investigate and process your real property discrimination complaint. All information provided to the HCRC in the course of an investigation is confidential and will not be disclosed EXCEPT:

- 1) where a court orders the disclosure of the records;
- 2) where a notice of right to sue is issued and the parties to the charge request review of the files;
- 3) where there is an express statement or implied threat to commit a crime of violence; or
- 4) as otherwise required by state or federal law.

All complaints must be filed with the HCRC within one year of:

- 1) the alleged discriminatory practice; or
- 2) the date of the most recent occurrence in a pattern of ongoing discrimination.

The HCRC does not have jurisdiction over complaints filed after the expiration of one year.

In most circumstances, you may not file an action in state court alleging discrimination in a real property transaction unless a complaint is first filed with the HCRC and the HCRC issues a notice of right to sue. You may request a right to sue letter after filing the complaint. A right to sue letter allows you to file a discrimination complaint in state court without further HCRC involvement.

You must contact the HCRC if you move, or change your address or telephone number. If we are unable to contact you, your case may be closed.

Please contact the HCRC if you would like help with the Pre-Complaint Questionnaire
or if you require an accommodation. If English is not your first language,
the HCRC will provide an interpreter at no cost to you.

Please contact the HCRC by:
Telephone: (808) 586-8636
TDD: (808) 586-8692
Email: DLIR.HCRC.INFOR@hawaii.gov

Website: <http://labor.hawaii.gov/hcrc>

Grounds of Discrimination in Housing

Race	HIV Status
Ancestry/National Origin	Age
Religion	Marital Status
Color	Familial Status
Sex	Sexual Orientation
Gender Identity & Expression	Disability
Retaliation	

The Hawai‘i Civil Rights Commission Is Here to Help...

If you believe you have been a victim of discrimination, you have the right to file a complaint with the Hawai‘i Civil Rights Commission (HCRC). We are here to help.

- **FILING A COMPLAINT** - You must file your complaint no later than one year from the last act of discrimination.
- **INTAKE INTERVIEW** – After you file a complaint, you will be interviewed by HCRC staff before the one year timeline ends.
- **COMPLAINT SERVED** – After the intake interview, we will serve a written complaint on the respondent(s), together with a request for a written reply to the complaint. You will also receive a copy of the complaint.
- **MEDIATION** – Mediation is an informal and voluntary process in which a trained mediator(s) assists the parties to reach a negotiated resolution of a complaint. Mediation is offered prior to the investigation, though it is available at any time in the process.
- **INVESTIGATION** – Following the intake interview, the case will be assigned to an investigator. The investigation is neutral and objective fact-finding process.
- **DECISION** – After the investigation, we will decide if there is sufficient evidence of discrimination.
- **NOTIFICATION** – You will receive our decision and information about your options under the law.
- **PRE-DETERMINATION SETTLEMENT** – You can ask for pre-determination settlement at any time. In pre-determination settlement, we can transmit settlement offers between the parties or the parties may resolve the differences between themselves.
- **RIGHT TO SUE** – You may ask for a right to sue letter, at any time. A right to sue letter allows you to file a discrimination complaint in state court without further HCRC involvement.

**HAWAI'I CIVIL RIGHTS COMMISSION
KOMIKINA PONI KĪWILA O HAWAI'I**

PRE-COMPLAINT QUESTIONNAIRE - REAL PROPERTY TRANSACTIONS

830 Punchbowl Street, Room 411, Honolulu, HI 96813

Email: DLIR.HCRC.INFOR@Hawaii.gov

Instructions: Please type or print. Read this form carefully. If you do not know the answer or a question does not apply to you, please leave the space blank. You will be contacted for an interview after we receive this form. You must sign and date the form.

Date: _____

1. Personal Information:

Name: _____
(Last) (First) (Middle / Initial)

Address: _____

City: _____ State: _____ Zip Code _____

Daytime Phone Number Cell Phone Number Evening Phone Number

Email Address _____

Names of Other Aggrieved parties

*If the child is under the age of 18 please provide their date of birth

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Who Else Can We Call If We Cannot Reach You?

Contact Name: _____ Email Address: _____

Daytime Phone Number Cell Phone Number Evening Phone Number

2. Who Do You Believe Discriminated Against You?

Name: _____

Address: _____

City _____ State: _____ Zip Code _____

Daytime Phone Number Cell Phone Number Evening Phone Number

Email Address _____

- 3. Mark the box that describes the person above:** ☐ Landlord ☐ Owner
- ☐ Financial institution ☐ Realtor/Broker ☐ Property Management Company
- ☐ Resident Manager ☐ Association or Apartment Owner ☐ Developer/ Architect
- ☐ Shelter ☐ Transitional Housing ☐ State, County or Government
- ☐ Other: _____

- 4. When Was the Last Act of Alleged Discrimination? Date:** _____
- Is the violation continuing? ☐ Yes ☐ No
- Comments: _____

- 5. What Kind of House, Rental Unit or Property Was Involved?** ☐ Single Family Home
- ☐ Apartment Building (4+ units) ☐ Owner Lives on Property ☐ Public or Assisted Housing
- ☐ Other: _____

- 6. What Is The Address Of The House, Rental Unit or Property?**

Address: _____

City

State

Zip Code

- 7. I Believe I Was Discriminated Against Because Of My:**

- ☐ Race ☐ Color ☐ National Origin/Ancestry ☐ Age ☐ Marital Status ☐ Sex
- ☐ Gender Identity or Expression ☐ Sexual Orientation ☐ Familial Status
- ☐ Disability ☐ HIV Status ☐ Religion ☐ Retaliation

- 8. What Happened To You? Check All That Apply.**

- ☐ Refused an opportunity to rent/buy housing or told housing was not available when it was.
- ☐ Refused a request to accommodate policies or practices, or to modify housing because of a disability.
- ☐ Treated differently from other tenants or persons seeking housing.
- ☐ Treated differently in terms of conditions of housing.
- ☐ Refused housing because of occupancy limits.
- ☐ Discriminated against in financing a home or property.
- ☐ Retaliated, threatened, intimidated, or interfered with in the exercise of a fair housing right.
- ☐ Other _____

9. If English is not your best language, we will provide a free interpreter.

Would you like a free interpreter? ☐ No ☐ Yes, what language: _____

10. Please indicate if you have any special needs and are requesting assistance.

Describe: _____

11. Have you contacted or filed a complaint with the U.S. Department of Housing & Urban Development (“HUD”)? ☐ No ☐ Yes, when & to whom? _____

12. How did you learn about fair housing rights?

- ☐ Fair Housing Brochure ☐ Legal Aid Society (HI) ☐ Fair Housing Brochure
☐ Other State Agency ☐ Personal Contact ☐ Private Attorney
☐ Public Service Announcement ☐ Radio ☐ Housing Provider
☐ HUD Office ☐ Internet ☐ Newspaper ☐ Realtor
☐ Federal Government ☐ Tenant ☐ TV ☐ Another Investigation

13. U.S. Veteran? ☐ Yes ☐ No ☐ Not Applicable/do not wish to disclose

14. Briefly explain what happened.

Please provide a summary of the discriminatory adverse actions with the names of those who discriminated against you. Start with the earliest date and end with the last date. Use separate sheets of paper as necessary. On the next page, include the name/telephone/address of witnesses who have evidence of the discrimination.

Dates of Discrimination	Describe the Discriminatory Adverse Actions (Explain why the actions were because of your protected basis)

